as Application Serial No.

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

Post Office Address: 5205 Fiore Terrace, #B-215, San Diego, California 92122

is attached hereto. ■ was filed on June 24, 1996

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ELECTROPORATION-MEDIATED INTRAVASCULAR DELIVERY. the specification of which

and was amended on
was described and claimed in PCT International Application No.
filed on and as amended under PCT Article 19 on
I hereby state that I have reviewed and understand the contents of the above-identified specification,
including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose all information I know to be material to patentability in accordance
with Title 37, Code of Federal Regulations, §1.56(a).
The state of the s
I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all
business in the Patent and Trademark Office connected therewith: Lisa A. Haile, Ph.D., Reg. No. 38,347;
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I hereby declare that all statements made herein of my own knowledge are true and that all statements
made on information and belief are believed to be true; and further that these statements were made with the
knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize
the validity of the application or any patents issued thereon.
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## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

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